

**PARENTS REQUEST FORM FOR DECLARATION OF PATERNITY****REQUEST TYPE:** ☐ **CERTIFIED COPY** ☐ **FAXED COPY**

CHILD'S NAME (FIRST, MIDDLE, LAST)

CHILD'S COUNTY OF BIRTH

CHILD'S DATE OF BIRTH

MOTHER'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S DATE OF BIRTH

FATHER'S NAME (FIRST, MIDDLE, LAST)

FATHER'S DATE OF BIRTH

**FOR REQUESTOR TO COMPLETE**

REQUESTOR NAME (PLEASE PRINT)

PHONE NUMBER

REQUEST DATE

FAX NUMBER

REQUESTOR RELATIONSHIP TO  
CHILD

RETURN MAILING ADDRESS

REQUESTOR SIGNATURE (REQUEST WILL NOT BE PROCESSED UNLESS SIGNED)

**SEND WRITTEN REQUESTS TO:****California Department of Child Support Services  
Paternity Opportunity Program  
P. O. Box 419070  
Rancho Cordova, CA 95741- 9070****For further information, contact a State POP Coordinator at (866) 249-0773****FOR STATE USE ONLY**☐

RECORD ON FILE

☐

COPY ATTACHED

☐

NO RECORD FOUND

INITIALS AND DATE:

## HOW PARENTS CAN REQUEST A FILED COPY OF A DECLARATION OF PATERNITY FORM

A parent requesting a copy of a completed Declaration of Paternity form filed with the State of California should either complete a Parents Request Form for Declaration of Paternity (CS 918) or send a letter.

When completing the request form, the parent must indicate either a certified copy or faxed copy of the paternity declaration is being requested.

Next, TYPE or PRINT the following information about the child and the parents:

- Child's Name (First, Middle and Last)
- Child's County of Birth
- Child's Date of Birth
- Mother's Name (First, Middle and Last)
- Mother's Date of Birth
- Father's Name (First, Middle and Last)
- Father's Date of Birth

The parent making the request (the requestor) must also TYPE or PRINT the following identifying information:

- Requestor's (Parent's) Name
- Requestor's Mailing Address and Telephone Number
- FAX Number (If requesting a FAX copy of the paternity declaration)
- The Requestor's Relationship to the Child

**THE REQUESTOR (PARENT) MUST SIGN THE REQUEST FORM. ANY REQUESTS NOT SIGNED WILL NOT BE PROCESSED**

All requests should be mailed to:

**California Department of Child Support Services  
Paternity Opportunity Program  
P. O. Box 419070  
Rancho Cordova, CA 95741- 9070**

Please allow (10) ten working days for your request to be processed.

**For information contact a State POP Coordinator at (866) 249-0773.**

**NOTE:** If you use a letter for your request, please include all the identifying information about the child and parents shown above. Also include the requestor's name, mailing address and signature.